

1 ALLISON HALEY, DISTRICT ATTORNEY
2 COUNTY OF NAPA
3 STATE BAR NO.: 219182
4 1127 First Street, Suite C
5 Napa, CA 94559
6 TEL: (707) 253-4211
7 FAX: (707) 253-4041

FILED

JUN 21 2019

Clerk of the Napa Superior Court
By: [Signature]
Deputy

8 **SUPERIOR COURT OF THE STATE OF CALIFORNIA**
9 **COUNTY OF NAPA**

10
11 THE PEOPLE OF THE STATE OF CALIFORNIA,
12 Plaintiff,

13
14 vs.

15
16 TIMOTHY JOHN LONG,

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18 Defendant.
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NSC NO: 19cm001774
NDA NO: 199600992-07
CII NO: A29826724

CRIMINAL COMPLAINT

DATE: 06/26/2019
TIME: 830
DEPT: E

21 The undersigned is informed and believes that:

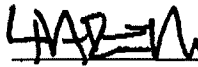
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24 **COUNT ONE - BP 7027.3 - FELONY**
25 **FRAUDULENT USE OF CONTRACTOR'S LICENSE NUMBER**
26

27 On or about May 09, 2019, in the County of Napa, State of California, the crime of
28 FRAUDULENT USE OF CONTRACTOR'S LICENSE NUMBER, in violation of section 7027.3
29 of the Business and Professions Code, a felony, was committed by TIMOTHY JOHN LONG,
30 who on or about May 9, 2019, in the County of Napa, State of California, TIMOTHY JOHN
31 LONG did willfully, unlawfully, intentionally and fraudulently use contractor's license number
32 that does not correspond to the number on a currently valid contracot's license held by that
33 person.
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2 Complainant therefore prays that a warrant be issued and that said defendant(s) be dealt with
3 according to law. I declare under penalty of perjury under the laws of the State of California
4 that the foregoing is true and correct.
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6 Dated: June 21, 2019

ALLISON HALEY
DISTRICT ATTORNEY

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10 NINA JEHL

11 Deputy District Attorney

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13 /kj
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16 **NOTICE**

17 PLEASE TAKE NOTICE THAT COUNSEL FOR THE PEOPLE HEREBY MAKE AN INFORMAL
18 DEMAND FOR DISCOVERY (PURSUANT TO PC 1054.3) WITHIN FIFTEEN DAYS
19

20
21 **SUMMARY OF CHARGE(S) AND PUNISHMENT(S)**

22 TIMOTHY JOHN LONG

23 (DOB: 03/16/1962)

COUNT	CHARGE	PUNISHMENT
COUNT ONE	BP 7027.3	16-2-3

ARRESTING AGENCY		NCIC #	NAPA COUNTY CRIMINAL JUSTICE SYSTEM ARREST/DETENTION/COMPLAINT FORM		AGENCY CASE #	PID #	
CSLB		CA028			NY 2018-17930	199600992	
TYPE OF ARREST <input checked="" type="checkbox"/> ON VIFW <input type="checkbox"/> CITIZEN'S ARREST <input type="checkbox"/> WARRANT ARREST		<input checked="" type="checkbox"/> ADULT <input type="checkbox"/> JUVENILE	<input type="checkbox"/> REQUEST FOR COMPLAINT & WARRANT (NOT IN CUSTODY) DATE OF OFFENSE 05/19/19		<input type="checkbox"/> DETENTION ONLY RELEASED, PC 849(b) CII#	<input type="checkbox"/> DOMESTIC VIOLENCE <input type="checkbox"/> WEAPONS IIRFD <input type="checkbox"/> NARCOTICS OFFENSE	
SUSPECT NAME (FIRST, MIDDLE, LAST) TIMOTHY JOHN LONG			AKA		DL # NB252834	STATE CA	
HOME ADDRESS (STREET, CITY, COUNTY, STATE, ZIP)			BUSINESS/SCHOOL ADDRESS RANERI + LONG		DOB 3/16/62	RACE W	
WORK PHONE			SUSPECT'S CAR YEAR COLOR MAKE MODEL LICENSE # STATE ADDITIONAL DESCRIPTION		SEX M	HT 5'10"	
NAME (PARENT/GUARDIAN, IF JUVENILE) RELATIONSHIP			EMERGENCY NOTIFICATION (MUST BE COMPLETED IF JUVENILE)		NOTIFIED BY DATE TIME	DATE/TIME OF ARREST 5/19/19 10:20 AM	
ADDRESS			VEHICLE LOCATION 1816 GRANT ST		DATE/TIME OF BOOKING		
LOCATION OF ARREST 1816 GRANT ST, CALISTOGA			ARRESTING OFFICER A MARTINEZ		TRANSPORTING OFFICER L. PANIAGVA	RECEIVING OFFICER LID	
CODE 7027.3			OFFENSE DESCRIPTION FRAUD USE OF INCORRECT LK #		WARRANT/EVENT #	COURT NAPA	
BAIL AMT			F/M/I				
WARRANT CHECK <input checked="" type="checkbox"/> LOCAL <input checked="" type="checkbox"/> COUNTY			HOLDS? <input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO		CONFIRMED BY DISPATCH		
CUSTODY ALERT <input type="checkbox"/> PROTECTIVE CUSTODY <input type="checkbox"/> ASSAULT/COMBATIVE <input type="checkbox"/> KEEP SEPARATE FROM (NAME):			<input type="checkbox"/> ESCAPE RISK <input type="checkbox"/> SUICIDE RISK		<input type="checkbox"/> MEDICAL RISK (EXPLAIN):		
EVIDENCE/COMPLAINT OF ILLNESS/INJURY: <input type="checkbox"/> YES <input type="checkbox"/> NO			TREATED BY:		DATE/TIME:		
FELONY ARREST MISDEMEANOR ARRESTS - CHECK ONE OR MORE BELOW PC853.6 CITATION RELEASE EXCEPTIONS <input type="checkbox"/> Intoxicated state may result in danger to self or others <input type="checkbox"/> Arrestee required medical exam or care or could not care for own safety <input type="checkbox"/> The immediate release would jeopardize prosecution <input type="checkbox"/> Arrested for one or more offenses listed under VC40302/40303 <input type="checkbox"/> Demanded immediate appearance or refused to sign written promise to appear <input type="checkbox"/> Imminent danger to safety of other persons or property PC847(g) EXCEPTIONS <input type="checkbox"/> Under the influence of any drug or under the combined influence of any drug and alcohol <input type="checkbox"/> Probable cause to believe arrestee has committed a felony, or misdemeanor other than PC847(f) <input type="checkbox"/> Good faith belief arrestee will attempt escape or is unreasonably difficult for medical personnel to control			BOOKING AUTHORITY <input type="checkbox"/> Arrested for VC23152(a) or VC23152(b) <input type="checkbox"/> There are additional outstanding arrest warrants <input type="checkbox"/> Arrestee had no personal identification <input type="checkbox"/> Release would increase likelihood of offense continuing <input type="checkbox"/> WIC826 <input type="checkbox"/> Reason to believe arrestee would fail to appear (state reason):			COPIES TO: <input checked="" type="checkbox"/> DA <input type="checkbox"/> ADULT PROBATION <input type="checkbox"/> JUVENILE PROBATION <input type="checkbox"/> NSIB <input type="checkbox"/> DETECTIVES <input type="checkbox"/> STATE PAROLE <input type="checkbox"/> CYA <input type="checkbox"/> ADMINISTRATION <input type="checkbox"/> OTHER	
NARRATIVE DESCRIBE PROBABLE CAUSE FOR ARREST/DETENTION OR CIRCUMSTANCES LEADING TO WARRANT ARREST (DO NOT USE CONTINUATION PAGE UNLESS ABSOLUTELY NECESSARY) T. LONG PRESENTED A BUSINESS CARD LISTING A LICENSE NUMBER (CSLB) THAT IS NOT A VALID LICENSE NUMBER (SUSPENDED SINCE JAN. 2017)							
<input type="checkbox"/> CITIZEN'S ARREST - I HEREBY ARREST THE ABOVE PERSON AND DEMAND HE/SHE BE TAKEN INTO CUSTODY ARRESTING CITIZEN'S NAME (Print) ARRESTING CITIZEN'S SIGNATURE: DATE:							
I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA, AND UPON INFORMATION AND BELIEF, THAT THE FOREGOING IS TRUE AND CORRECT. OFFICER'S SIGNATURE: OFFICER'S NAME (Print): A MARTINEZ DATE: 5/19/19							
REVIEWED BY (Signature): REVIEWED BY (Print Name): DATE:							